

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
FRANKLYN F. LUGO,

Plaintiff,

-against-

UNITED STATES DEPARTMENT OF
AGRICULTURE, FOOD AND
CONSUMER SERVICE,

Defendant.
-----X

AFFIDAVIT OF SERVICE

Index No. 08 CV 02960

STATE OF NEW YORK)
COUNTY OF BRONX)ss.:

ASTON G. EVANS II, being duly sworn, hereby deposes and says:

1. I am over 18 years of age and I am not a party to this action, and I reside at 1529 East 172nd Street Bronx, New York.


2. That on March 27, 2008 at 11:05 A.M., at 201 Varick Street, Room 609, New York, New York, deponent served the Summons and Complaint on the United States Department of Agriculture, Food and Consumer Service, defendant therein named, a federal agency, by delivering thereat a true copy of the Summons and Complaint to Ismaela Miranda, personally, deponent knew said federal agency so served to be the federal agency described in said summons and complaint as said defendant and knew said Ismaela Miranda to be a Receptionist thereof and acknowledged to me that she is authorized to accept service on behalf of said federal agency.

3. Ms. Miranda is a female, white skin, brown hair, 36-50 years of age, 5'4"-5'8" in height, 131-160 lbs.


4. At the time of service, deponent asked if Ms. Miranda is in the active military service

for the United States or of the State of New York in any capacity whatsoever and received a negative reply.

Sworn to before me this
1st day of April, 2008


notary public

MYRNA M. SOCORRO
Notary Public, State of New York
No. 02SO6109100
Qualified in Westchester County
Commission Expires April 26, 20 12


ASTON EVANS II
License No. 1220069

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
FRANKLYN L. LUGO,

Plaintiff,

-against-

UNITED STATES DEPARTMENT OF
AGRICULTURE, FOOD AND
CONSUMER SERVICE,

Defendant.
-----X

AFFIDAVIT OF SERVICE

Case No. 08-cv-02960

STATE OF NEW YORK)
COUNTY OF BRONX)ss.:

TRINIDAD TOLAND, being duly sworn, hereby deposes and says:

1. I am over 18 years of age, I am not a party to this action, and I reside in Bronx, New York.

2. That on March 26, 2008 your deponent served the Summons in a Civil Action issued by the United States District Court, Southern District of New York Clerk and the Complaint on:

a) United States Attorney's Office, Southern District of New York, Attn.: Civil Process Clerk, 86 Chambers Street, New York, New York 1007 by certified mail, return receipt requested #7006-0810-0001-7012-1590, pursuant to F.R.C.P. Rule 4(i)(1)(A)(ii) with a courtesy copy to Joseph Cordero, Esq., Assistant United States Attorney with the United States Attorney's Office, Southern District of New York, 86 Chambers Street, 3rd Floor, New York, New York 10007, certified mail, return receipt requested #7006-0810-0001-7012-1606

b) Attorney General of the United States, United States Department of Justice, Room B-103, 950 Pennsylvania Avenue N.W., Washington D.C. 20530-0001, by certified mail,

return receipt requested #7006-0810-0001-7012-1613, pursuant to F.R.C.P. Rule 4(i)(1)(B)

c) United States Department of Agriculture, Food & Nutrition Service, 201 Varick Street, Room 609, New York, New York 10014, by certified mail, return receipt requested #7006-0810-0001-7012-1620, pursuant to F.R.C.P. Rule 4(i)(2).

Sworn to before me this
12th day of April, 2008

Trinidad Toland
TRINIDAD TOLAND

Myrna Socorro
NOTARY PUBLIC

MYRNA M. SOCORRO
Notary Public, State of New York
No. 02SO6109100
Qualified in Westchester County
Commission Expires April 26, 20 12

7006 0810 0001 7012 1590

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

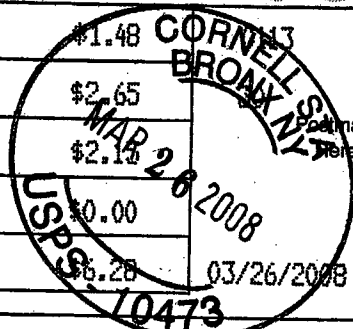
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NEW YORK NY 10007

OFFICIAL USE

Postage	\$	\$1.48
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.13
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.26



Sent To **U.S. Attorney's Office - SDNY**
 Street, Apt. No., Attn: Civil Process Clerk
 or PO Box No. **86 Chambers Street**
 City, State, ZIP+4 **New York New York 10007**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Attorney's Office - SDNY
86 Chambers Street
New York N.Y. 10007
Attn: Civil Process Clerk

2. Article Number

(Transfer from service)

7006 0810 0001 7012 1590

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

ADRIAN M. SEABROOK

C. Date of Delivery

3/27/08D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540

9091 2102 1000 0100 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NEW YORK NY 10007

OFFICIAL USE

Postage	\$ 1.48
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.28

Postmark Here
 0113 30
 03/26/2008

U.S. ATTORNEY'S OFFICE - SDNY
 Street, Apt. No., Attn: Joseph Cordaro, Asst US Atty
 or PO Box No. 86 CHAMBERS STREET - 3RD FLOOR
 City, State, ZIP+4 New York New York 10007

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 U.S. ATTORNEY'S OFFICE - SDNY
 86 CHAMBERS STREET
 3RD FLOOR
 New York New York 10007
 Attn: Joseph Cordaro, Asst US Atty

2. Article Number
 (Transfer from service label) 7006 0810 0001 7012 1606

COMPLETE THIS SECTION

A. Signature
 x [Signature]

B. Received by (Printed Name)
 ADRIAN M. SEADLER

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20530

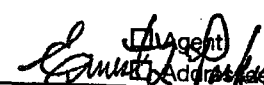
Postage	\$	\$1.48	0113
Certified Fee		\$2.65	30
Return Receipt Fee (Endorsement Required)		\$3.00	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.13	

OFFICIAL USE

Stamp: MAR 26 2008 COBURN STA BRONX NY

Sent To: Attorney General of the United States
U.S. Dept of Justice
Room B-103
 Street, Apt. No. or PO Box No. 950 Pennsylvania Avenue N.W.
 City, State, ZIP+4 WASHINGTON D.C. 20530-0001

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  X</p>	
<p>1. Article Addressed to:</p> <p><u>Attorney General of the United States</u> <u>U.S. Dept of Justice</u> <u>Room B-103</u> <u>950 Pennsylvania Avenue N.W.</u> <u>Washington D.C. 20530-0001</u></p>		<p>B. Received by (Printed Name) <u>Agent</u></p> <p>C. Date of Delivery <u>MAR 31 2008</u></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

NEW YORK NY 10014

OFFICIAL USE

Postage	\$	\$1.48	0113
Certified Fee		\$2.65	30
Return Receipt Fee (Endorsement Required)		\$2.15	
Restricted Delivery Fee (Endorsement Required)		\$4.00	
Total Postage & Fees	\$	\$10.28	

Sent To
U.S. Dept of Agriculture Food + Nutrition Service
 Street, Apt. No.,
 or PO Box No. **201 VARICK STREET Rm 609**
 City, State, ZIP+4 **NEW YORK N.Y. 10014**

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**U.S. Dept of Agriculture
 Food + Nutrition Service
 201 VARICK STREET - Rm 609
 New York, N.Y. 10014**

2. Article Number

(Transfer from service label)

7006 0810 0001 7012 1620

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

A. Wilson

C. Date of Delivery

3/27/08

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

JUDGE SULLIVAN

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Southern

District of

New York

FRANKLYN F. LUGO

SUMMONS IN A CIVIL ACTION

V.

UNITED STATES DEPARTMENT OF
AGRICULTURE, FOOD AND CONSUMER
SERVICE

CASE NUMBER
08 CV 02960

TO: (Name and address of Defendant)

UNITED STATES ATTORNEY'S OFFICE
SOUTHERN DISTRICT OF NEW YORK
1 ST. ANDREWS PLAZA
NEW YORK, NEW YORK 10007

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

CODELIA & SOCORRO, P.C.
1967 TURNBULL AVENUE - SUITE #6
BRONX, NEW YORK 10473

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

J. MICHAEL McMAHON

CLERK

MAR 21 2008

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE
NAME OF SERVER (<i>PRINT</i>)	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served:
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:
- ☐ Returned unexecuted:
- ☐ Other (specify):

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL \$0.00
--------	----------	--------------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
Date

Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.